

Name
in
Full

Sarah E Boulton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Wm. Miller</u> ^{Town}		<u>Queen Anne's</u> ^{County.} (H.P.)			
Date of death <u>1906</u>	Month <u>2</u>	Day <u>18</u>	Years <u>10</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>- Negro</u>		Birth-place <u>Labor</u>		
Occupation <u>School Teacher</u>	Where Residing if not at place of death		<u>" "</u>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Solomon Boulton</u>	Father's Birthplace <u>" "</u>				
Mother's Maiden Name <u>Marsh</u>	Mother's Birthplace <u>" "</u>				
Name of person giving information <u>Sol. Boulton</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Phthisis pulmonalis</u>	How long <u>one or two years</u>
Immediate <u>Exhaustion</u>	How long <u>2 or 3 months</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. Adams</u>
	Address <u>Quinstown, Md.</u>
Accident or Suicide?	

125

1/4

q/

q/

q/

0.3



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Linwood Bratcher		Town		County		MARYLAND	
Died at		Morrisumpton		Queen Anne's			
Date of death		1906	Feb	20	Age	24	Months
Sex		Male		Color or Race		Black	
Occupation		Laborer		Where Residing if not at place of death		Barclay, Md	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Sewall Bratcher				Father's Birthplace	
Mother's Maiden Name		Julia Gibbs				Mother's Birthplace	
Name of person giving information		Wiley Bratcher				How related to deceased	
						Brother	

93

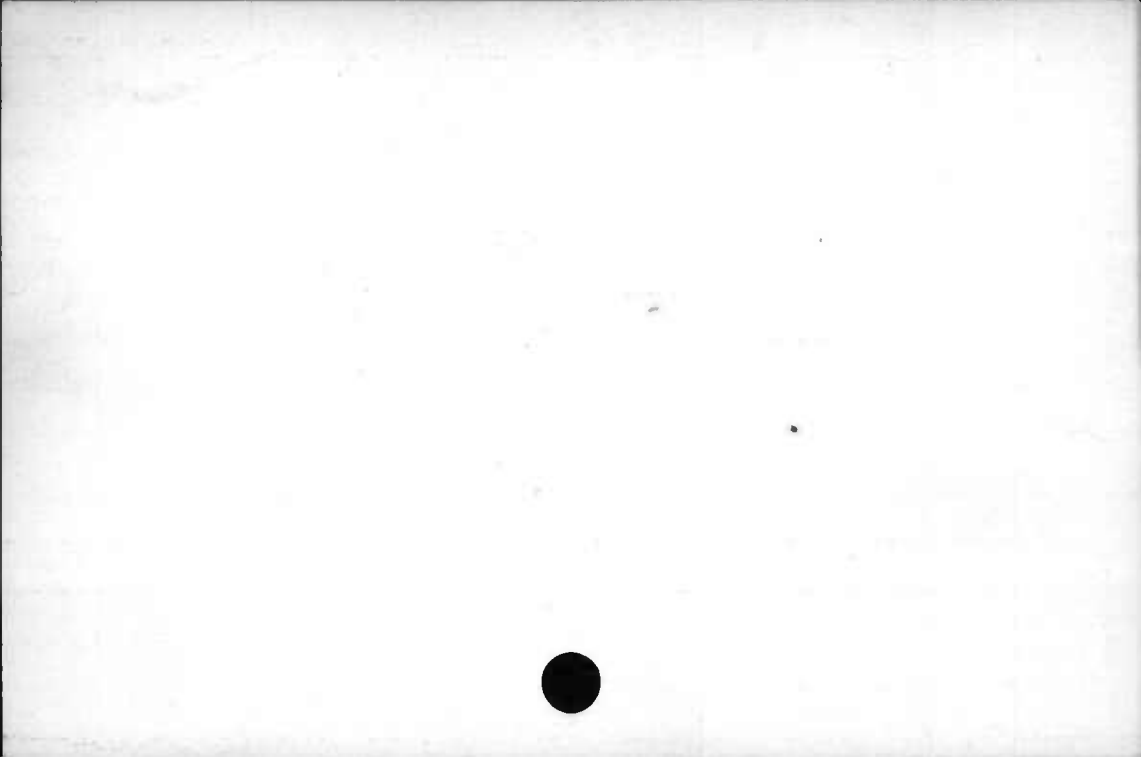
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Lobar Pneumonia	How long	One week
Immediate	Pneumococcus infection of Endocardium	How long	2 days.
Are the name, age, sex, color, date and place correctly given above?		yes .	
Signature of Physician		Geo H. Betts Jr. M.D.	
Address		Morrisumpton, Md.	
Accident or Suicide?			



Name in Full		Harry Broadwoop				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} Starr		^{County} 2.9		MARYLAND	
		Date of death 1906		Month 2		Day 27	
		Sex male		Color or Race Black		Birth-place Starr	
		Occupation School		Where Residing if not at place of death		Place of death	
Married, Single or Widowed		Single		Name of Wife or Husband		—	
Father's Name		John Broadwoop				Father's Birthplace	
Mother's Maiden Name		Lucy Nelson				Mother's Birthplace	
Name of person giving information		John Broadwoop				How related to deceased	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary Tuberculosis				How long 16 months	
		Immediate Exhaustion				How long 2 weeks	
		Are the name, age, sex, color, date and place correctly given above?				yes	
		Signature of Physician				J. M. Broadwoop M.D.	
Address				Curtisville		2.9. Leo	
Accident or Suicide?		no					



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chester</i> Town		<i>Q. A.</i> County		MARYLAND	
Date of death 190 <i>6</i> Month <i>Feb</i>	Day <i>17</i>	Age <i>Years</i>	Months	6 hours	
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Chester, Md.</i>			
Married, Single or Widowed		Occupation			
Name of Wife or Husband					
Father's Name <i>W. R. Brown</i>			Father's Birthplace <i>Kent Island Md</i>		
Mother's Maiden Name <i>Susan E. Porter</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>W. R. Brown</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature Birth</i>	How long <i>15</i>
Immediate <i>Exhaustion</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Percy Kemp</i>
	Address <i>Stevensville, Md.</i>
Accident or Suicide?	



Name
in
Full

No name Brown 4/4/1

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chester</u> ^{Town}		<u>Q. A.</u> ^{County}		MARYLAND	
Date of death 190 <u>6</u>	<u>Feb</u> ^{Month}	<u>17</u> ^{Day}	<u> </u> ^{Years}	<u> </u> ^{Months}	<u>10</u> ^{Days} <u>minutes</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Chester, Md.</u>		
Married, Single or Widowed <u> </u>			Occupation <u> </u>		
Name of Wife or Husband <u> </u>					
Father's Name <u>W. R. Brown</u>			Father's Birthplace <u>Kent Island, cld.</u>		
Mother's Maiden Name <u>Susan E. Porter</u>			Mother's Birthplace <u>" "</u>		
Name of person giving information <u>W. R. Brown</u>			How related to deceased <u>Father</u>		

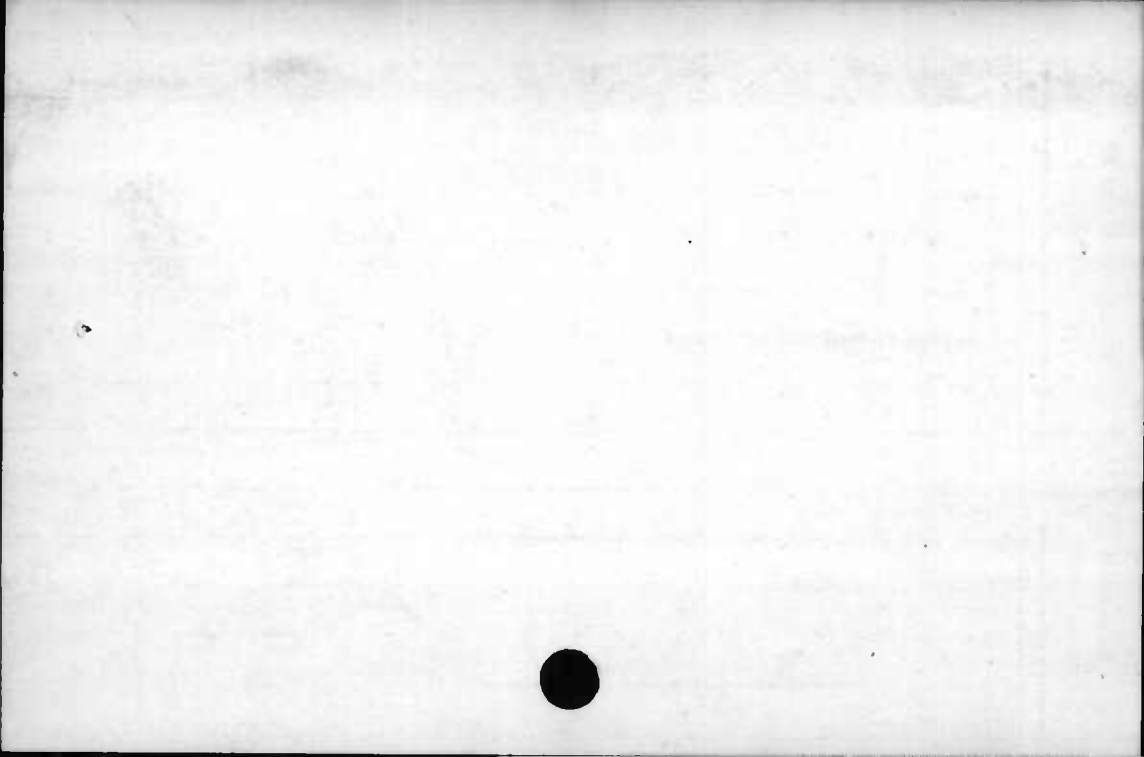
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Premature Birth</u> <u>(15)</u>	How long	<u> </u>
Immediate	<u>Exhaustion</u>	How long	<u>19 minutes</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>C. Perry Kemp</u>	
		Address <u>Stevensville Md</u>	
Accident or Suicide? <u> </u>			



Name in Full		Edward Spencer Clough.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Queen Anne	County Queen Anne		MARYLAND	
	Date of death	1906	Month Feb	Day 14	Age 1	Years 0	Months 5
	Sex	Male		Color or Race	White		Birth-place Queen Anne Co.
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed	—		Name of Wife or Husband			
	Father's Name	J. K. Clough				Father's Birthplace	Queen Anne Co.
PHYSICIAN OR CORONER	Mother's Maiden Name	E. Lola Nichols				Mother's Birthplace	Queen Anne Co.
	Name of person giving information	H. J. Clough				How related to deceased	Father
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Broncho Pneumonia				How long	6 weeks
	Immediate	Convulsions				How long	4 days
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	W. F. Miller	
					Address	Stelltown Md.	
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Stevensville</i> Town		<i>Cowaway</i> County			
Date of death	1906	Month	Feb	Day	11
Sex	Male	Color or Race	White	Age	—
Occupation	Infant	Where Residing if not at place of death	<i>Stevensville Md</i>		
Married, Single or Widowed	—	Name of Wife or Husband	<i>Ella Cannon</i>		
Father's Name	<i>John L. Cowaway</i>			Father's Birthplace	<i>Delaware</i>
Mother's Maiden Name	<i>Ella Davis</i>			Mother's Birthplace	<i>Delaware</i>
Name of person giving information	<i>Miss Robert Brown - Myronnie Phesi</i>			How related to deceased	

CAUSES OF DEATH

Primary	<i>Premature Birth</i>	How long	<i>(15)</i>
Immediate		How long	

Are the name, age, sex, color, date and place correctly given above?

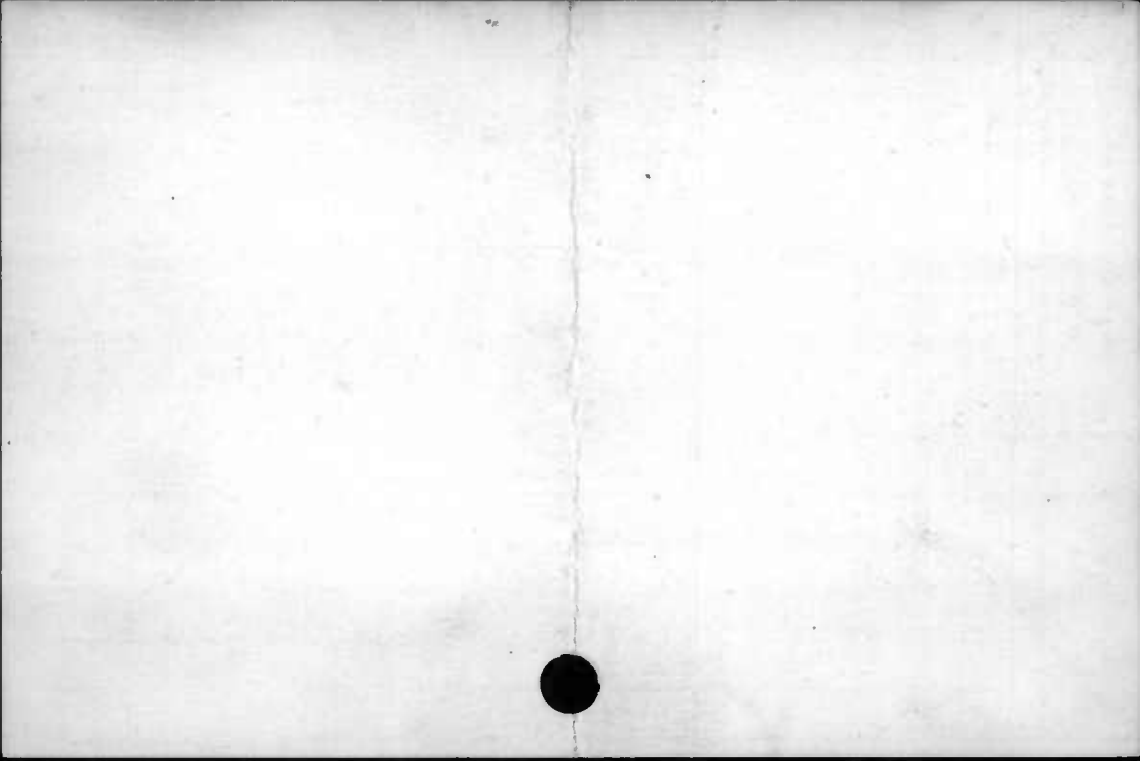
yes

Signature of Physician

Address

W. J. Henry
Stevensville Md

Accident or Suicide?



Name
in
Full

James Elliott

CERTIFICATE OF DEATH

Died at *Perryville* Town

2 County

MARYLAND

Date
of death 1906Month
2Day
19Age
1Years
1Months
6Days
—Sex *Male*Color or
Race*Negro*Birth-
place*La Gr*

Occupation

Where Residing if not
at place of death*La Gr*Married, Single
or WidowedName of Wife or
HusbandFather's
Name*Daniel Elliott*Father's
Birthplace*Talbot*Mother's
Maiden Name*Laura Brown*Mother's
Birthplace*La Gr*Name of person giving
information*Daniel Elliott*How related
to deceased*Further*

CAUSES OF DEATH

Primary

La Grippe

How long

3 months

Immediate

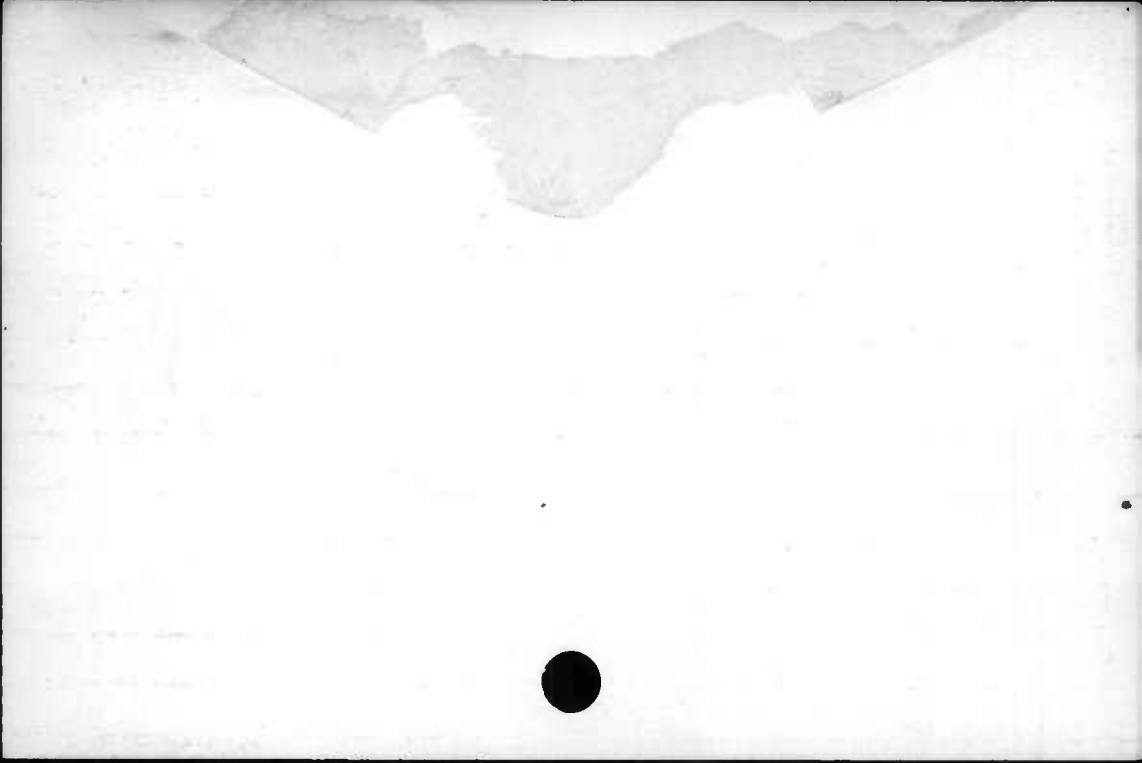
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

W. H. Brown
Undertaker

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Supria Tallenfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

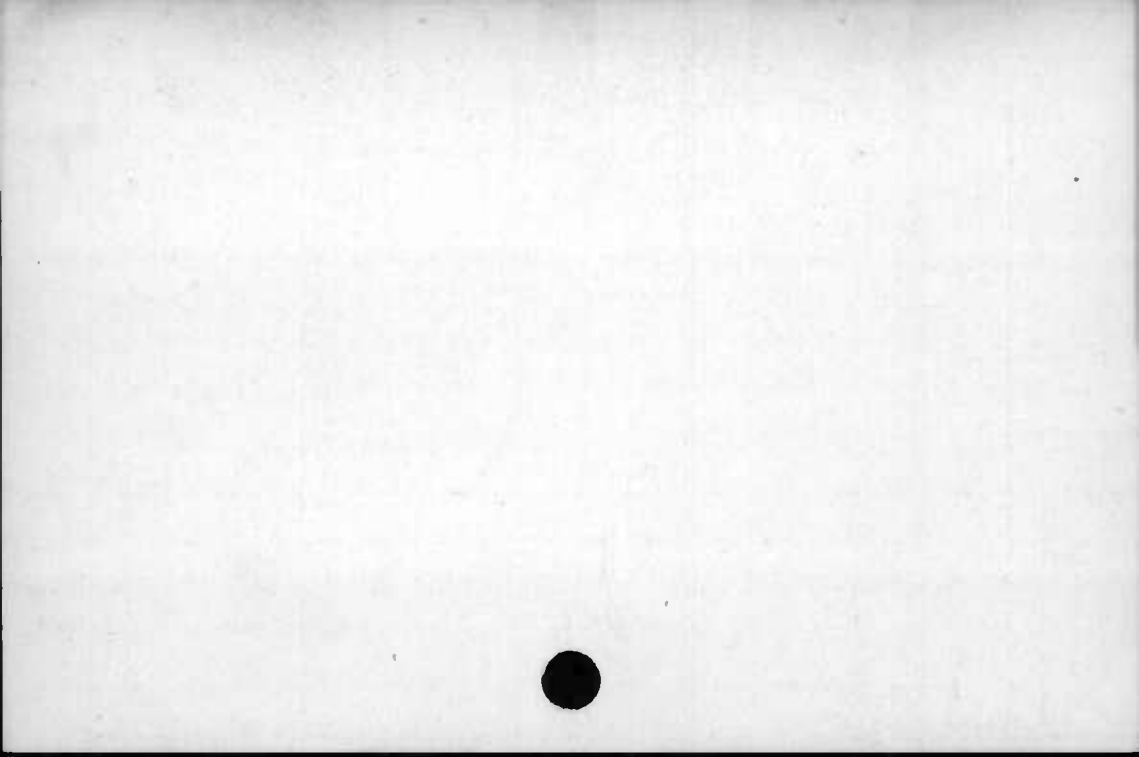
MARYLAND

Died at <i>Basday</i> Town <i>2, A.</i> County			
Date of death <i>1908</i>	Month <i>2</i>	Day <i>29</i>	Age <i>45</i> Years Months <i>11</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ad</i>	
Occupation <i>Lady</i>	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband <i>Carl L. Tallenfield</i>		
Father's Name <i>Robert Leager</i>	Father's Birthplace <i>Del</i>		
Mother's Maiden Name <i>Rebecca Reed</i>	Mother's Birthplace <i>Del</i>		
Name of person giving information <i>Emma Mc. Hoff</i>	How related to deceased <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>34 years</i>
Immediate <i>Strangulation</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. Abraham</i>
	Address <i>Ingleside Md</i>
Accident or Suicide?	



Name
in
Full

Valuable Level Honey

2/17/18

CERTIFICATE OF DEATH

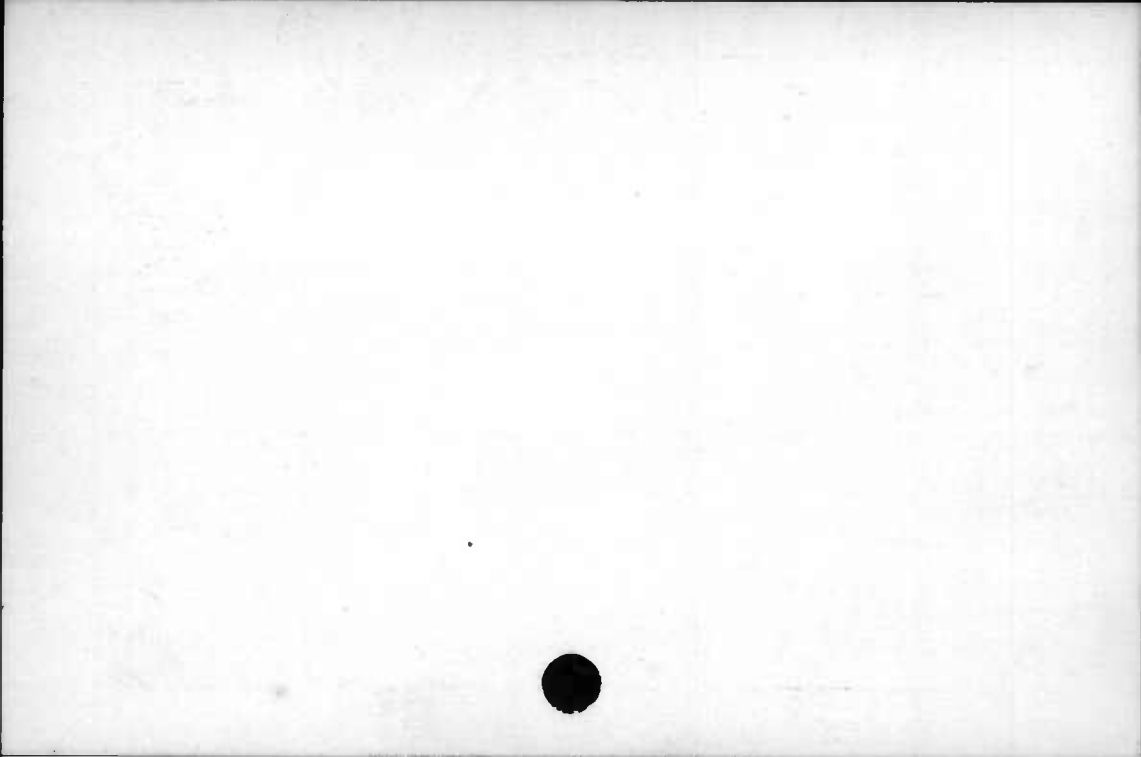
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Chumpton		County Queen Anne's		MARYLAND	
Date of death	1906	Month 2	Day 5	Age	Years	Months 1	Days 14
Sex	Male		Color or Race	Black		Birth-place	Queen Anne's Co.
Occupation				Where Residing if not at place of death at home			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name				James L. Honey			
Father's Birthplace				Maryland			
Mother's Maiden Name				Rachel Wright			
Mother's Birthplace				Maryland			
Name of person giving information				James L. Honey			
How related to deceased				Father			

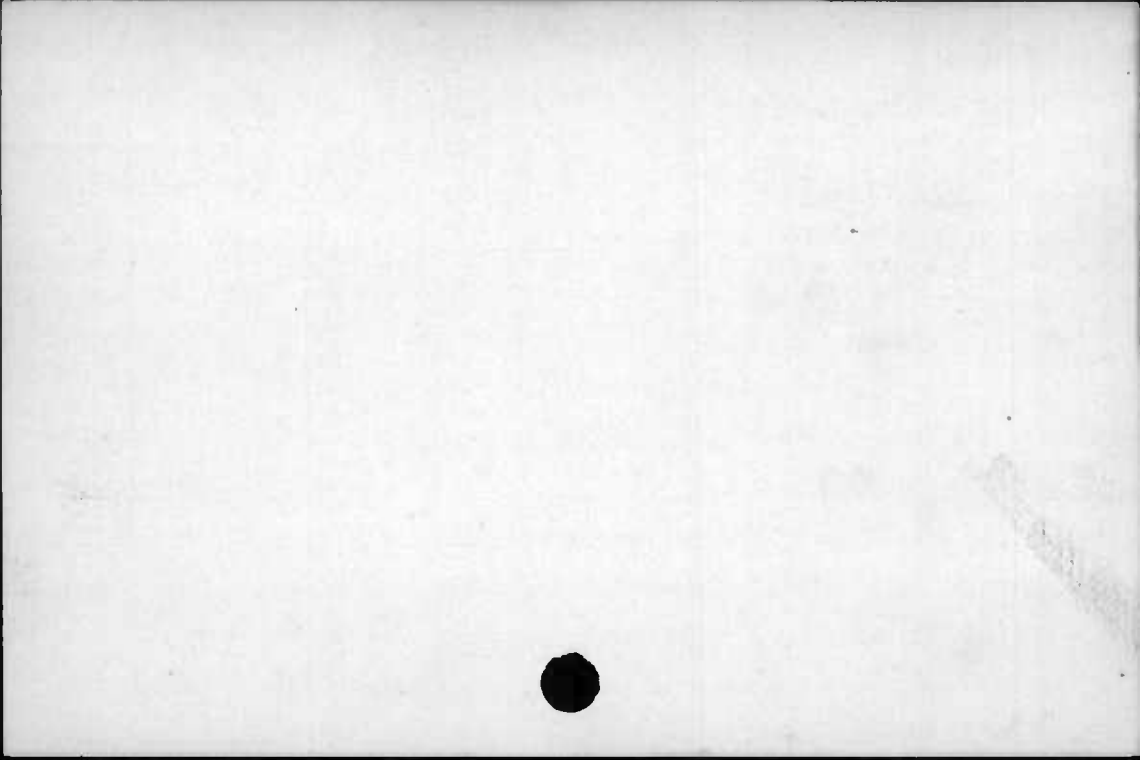
CAUSES OF DEATH

PHYSICIAN
OR CORONER

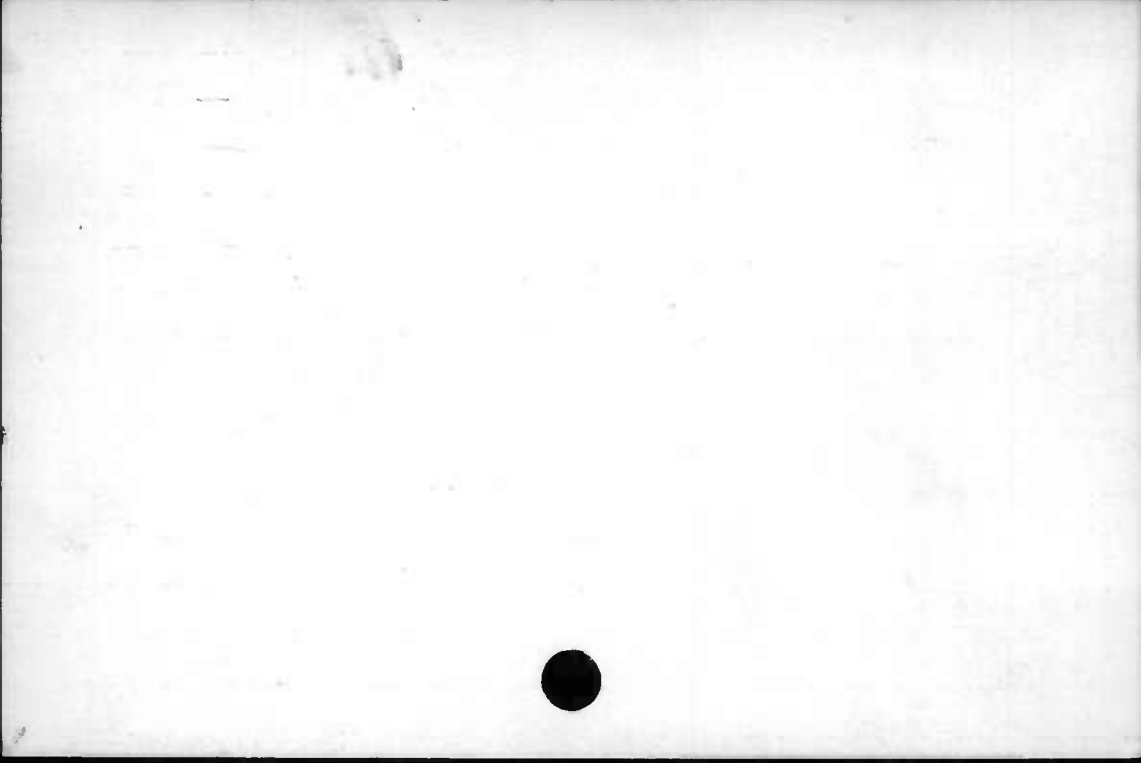
Primary	Pneumonia	(93)	How long	6 weeks
Immediate	Exhaustion		How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Mary C. Elliott, Midwife	
			Address	
			Chumpton	
			Maryland	
Accident or Suicide?				



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Crumpton</u> Town		<u>Queen Anne</u> County	
		Date of death <u>1906 Feb 5th</u>		Age <u>5-3</u> Months <u>Don't know</u> Days <u>Don't know</u>	
		Sex <u>Male</u>		Color or Race <u>White</u>	
		Occupation <u>Don't know</u>		Where Residing if not at place of death <u>Don't know</u>	
		Married, Single or Widowed <u>Don't know</u>		Name of Wife or Husband <u>Don't know</u>	
		Father's Name <u>Don't know</u>		Father's Birthplace <u>Don't know</u>	
		Mother's Maiden Name <u>Don't know</u>		Mother's Birthplace <u>Don't know</u>	
		Name of person giving information <u>Mrs. Shuter</u>		How related to deceased <u>Not related</u>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Chronic Interstitial Nephritis</u>		How long <u>6 mos</u>	
		Immediate <u>Uremia</u>		How long <u>2 days</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Geo W. Peterson Jr. M.D.</u>	
				Address <u>Crumpton, Md</u>	
		Accident or Suicide?			



Name in Full		Jas L Neal				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Near Millington 2 a Co						
	Date of death	1906	Month	2	Day	20	Age
					Years	40	Months
							Days
	Sex	Female	Color or Race	White		Birth-place	2 a Co
	Occupation	House Keeper		Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband				
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information					How related to deceased		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Consumption				How long	2 1/2 years
	Immediate	" "				How long	
	Are the name, age, sex, color, date and place correctly given above?		g w		Signature of Physician		
					Address		
					Millington		
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name William Thomas Nichols		Town Church Hill		County Queen Anne's		STATE MARYLAND	
Died at		Date of death		Age		Months Days	
1906		Feb		17th		76	
Sex Male		Color or Race White		Birth-place England			
Occupation Shoe Maker		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Jane Mary Nichols					
Father's Name William Nichols		Father's Birthplace England					
Mother's Maiden Name Elizabeth Morton		Mother's Birthplace England					
Name of person giving information Jane Mary Nichols		How related to deceased Wife					

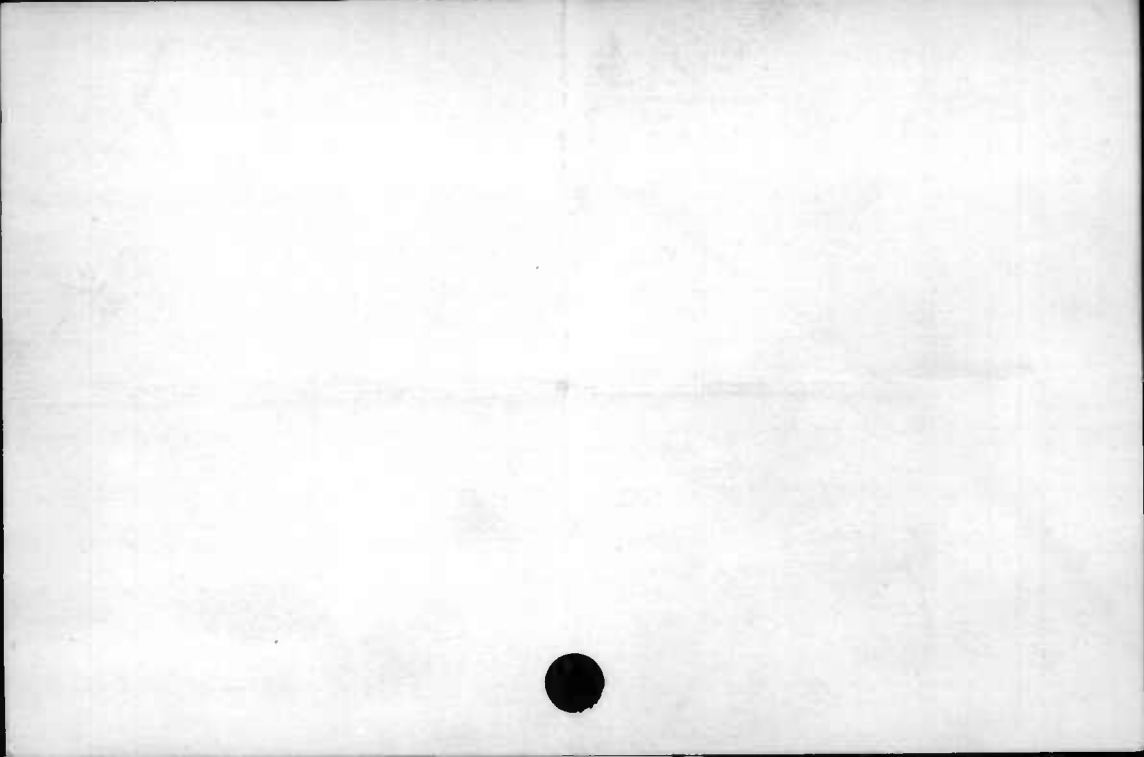
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paraplegia	How long	2 wks
Immediate	Exhaustion	How long	2 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		N. S. Deady	
		Address	
		Church Hill	
		Maryland	
Accident or Suicide?			



Name in Full		William Phillips				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died <i>near Templeville</i>		Town <i>Templeville</i>		County <i>D. A. Co.</i>		MARYLAND	
	Date of death <i>1906</i>	Month <i>Feb.</i>	Day <i>7</i>	Age <i>90</i>	Years	Months <i>2</i>	Days	
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>D. A. Co., Md.</i>			
	Occupation <i>Farmer</i>			Where Residing if not at place of death <i>—</i>				
	Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>—</i>					
	Father's Name <i>Coursey Phillips</i>				Father's Birthplace <i>Md.</i>			
	Mother's Maiden Name <i>Annie Burk</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>Coursey Phillips</i>					How related to deceased <i>Son</i>			
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary <i>Chronic nephritis</i>		(120)		How long <i>8 weeks</i>			
	Immediate <i>Thrust</i>				How long <i>—</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. M. B. Rowe, M.D.</i>					
			Address <i>Templeville, Md.</i>					
Accident or Suicide? <i>—</i>								



Name
in
Full

Kennard Quillion

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

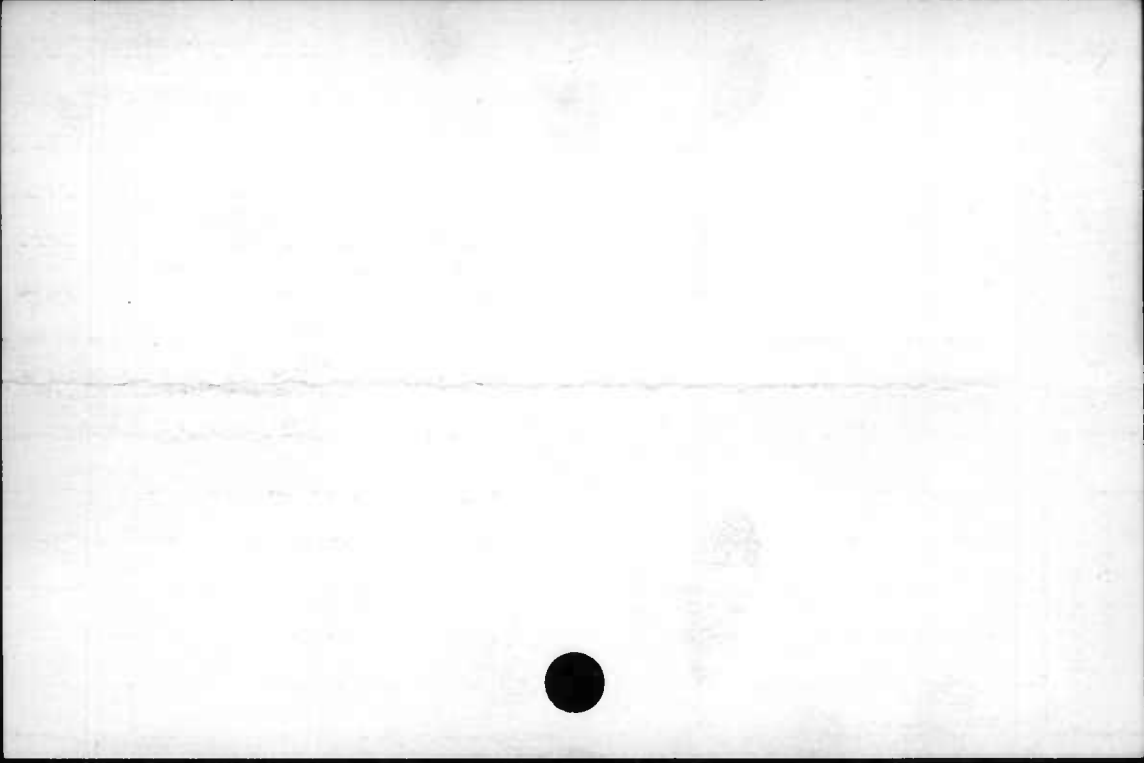
MARYLAND

Died at <i>Indian Town</i>		Town <i>2. a.</i>		County	
Date of death <i>1906</i>	Month <i>2</i>	Day <i>22</i>	Age <i>—</i>	Years <i>—</i>	Months <i>6</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birthplace <i>Indian Town Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Reverdy Quillion</i>		Father's Birthplace <i>2. a. Co Md</i>			
Mother's Maiden Name <i>Bertie Morris</i>		Mother's Birthplace <i>Delaware</i>			
Name of person giving information <i>Reverdy Quillion</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Double Lobar Pneumonia</i>	How long <i>7 days</i>
Immediate <i>Heart Failure</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. M. Orkner M.D.</i>
	Address <i>Curtisville</i>
Accident or Suicide? <i>no</i>	<i>Truman Co</i>



Name
in
Full

Child

Ridgman 14 1/2

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Near Barclay*

Town

Queen Anne

County

Date
of death 1906

Month

2

Day

17

Age

Still Born

Years

Months

Days

Sex

*Male*Color or
Race*Black*Birth-
place*Near Barclay*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Walter Ridgman*Father's
Birthplace*Kent-co. Ind*Mother's
Maiden Name*Fannie Clark*Mother's
Birthplace*D. G. " "*Name of person giving
In formation*Walter Ridgman*How related
to deceased*Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

No Physician

How long

Immediate

Still Born

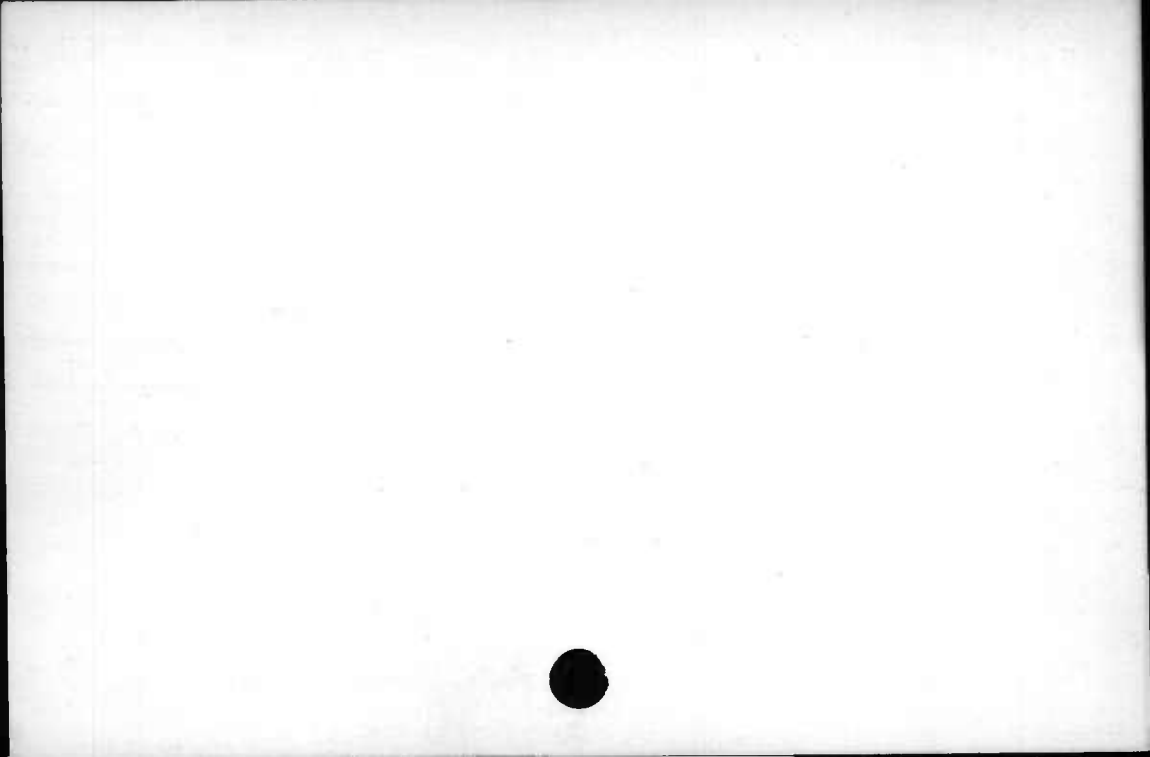
How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Walter Ridgman*

Address

Indersville Ind

Accident or Suicide?



Name in Full		Town		County		CERTIFICATE OF DEATH	
No name Stewart (M. M.)		Church Hill		Queen Anne's Co		MARYLAND	
Died at		Date of death	Month	Day	Age	Years	Months
		1906	Feb	19			21
Sex		Color or Race		Birthplace			
Male		Colored		Church Hill			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Chas Stewart		Queen Anne's Co					
Mother's Maiden Name		Mother's Birthplace					
Ida Saltsberry		Queen Anne's Co					
Name of person giving information		How related to deceased					
Mr John H. McNora		None					
CAUSES OF DEATH							
Primary		Exhaustion				How long 1 week	
Immediate		Exhaustion				How long 1 hour	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		N. S. Dudley	
				Address		Church Hill Md	
Accident or Suicide?							

25-

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at *Bookers wharf* Town *L.* County *A.*

Date of death *1906* Month *Feb* Day *4* Age *8* Years Months Days

Sex *Female* Color or Race *white* Birthplace *J. A. Co*

Occupation _____ Where Residing if not at place of death *J. A. Co*

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *James Thompson* Father's Birthplace *J. A. Co*

Mother's Maiden Name *Georgiana Dill* Mother's Birthplace *J. A. Co*

Name of person giving information *James Thompson* How related to deceased *Father*

CAUSES OF DEATH

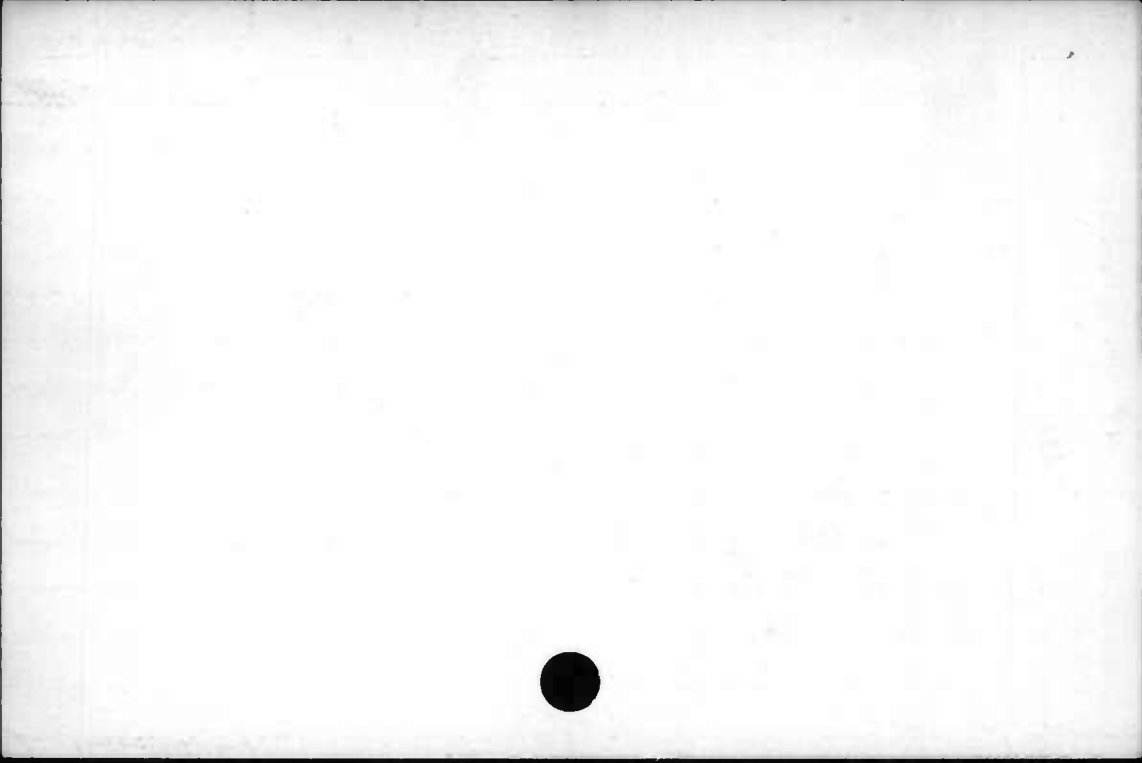
Primary *Inherited throat trouble* How long *one day*

Immediate *Convulsions* How long *one day*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *No Dr.*

Dr. J. L. Hurst Address *Centerville Md*

Accident or Suicide? *Undetermined*



Name
in
Full

CERTIFICATE OF DEATH

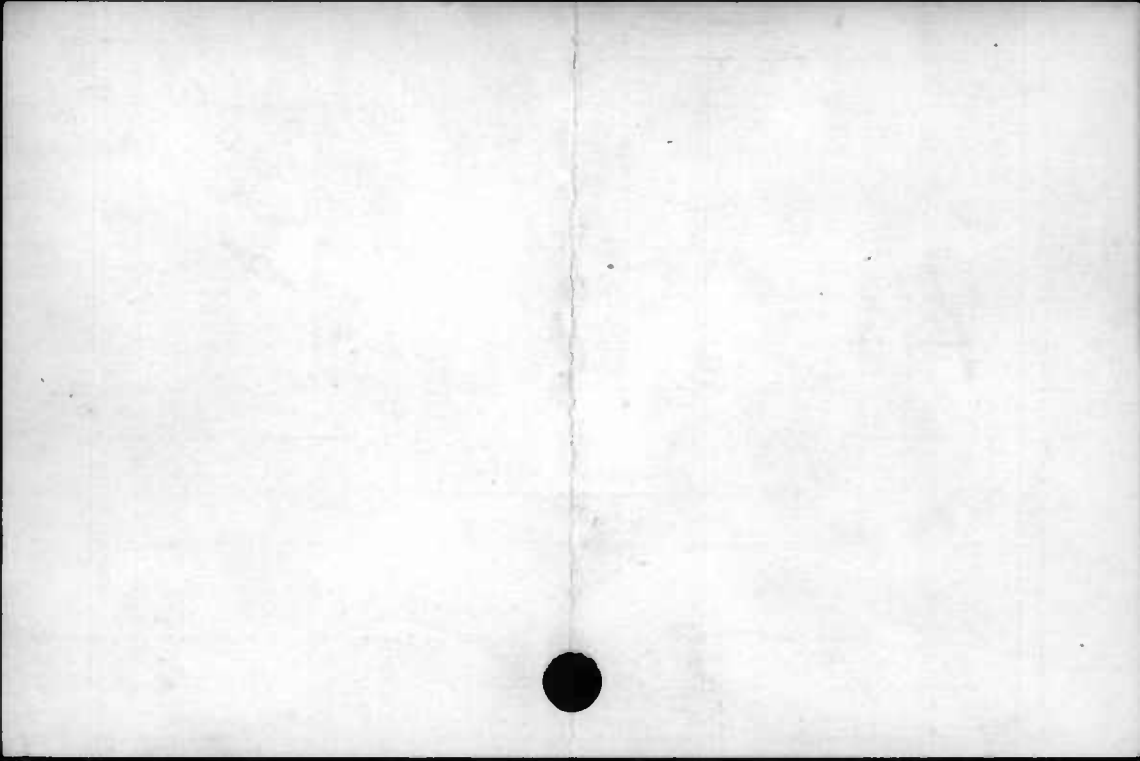
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary R Wallace</i>		Town <i>Berclair</i>		County <i>Tale</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1906 Feb. 7</i>		<i>65</i>		<i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Days <i>—</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>Ch Berclair</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>David Wallace</i>					
Father's Name <i>Thomas Price</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>do not know</i>		Mother's Birthplace <i>—</i>					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Debility -</i>		How long	
<i>Heart -</i>		<i>3 days</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Foster Sudds</i>	
		Address <i>Sudbournville</i>	
Accident or Suicide?		<i>med</i>	



Name
in
Full

White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1906		Month Feb.		Day 27		Age 1	
Sex Male		Color or Race White		Birth- place Queen Annes Co.		Months Days 11	
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name Tolbert White				Father's Birthplace			
Mother's Maiden Name Mrs. White				Mother's Birthplace			
Name of person giving In formation				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Measles	How long
Immediate	Pneumonia	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician U. M. Jeter
		Address Millington, Md.
Accident or Suicide?		

